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| Cyrenians Communities  Social Bite Village  Peer Mentor Volunteer Application | IiV colour |

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| Basic Information About You | | | | | | | | | | | | | | | |
| First Name(s) |  | | | | | Last Name |  | | | Preferred Pronouns | | |  | Date of birth | dd/mm/yyyy |
| Address | |  | | | | | | | | | | | | | |
| Country | | | |  | | Telephone (include country and area code) | | | | | |  | | | |
| Mobile/Cell Phone (include country code) | | | |  | | E-mail Address | |  | | | | | | | |
| For visa purposes, which countries do you hold citizenship or a passport for? | | | | |  | | | | | | | | | | |
| IF YOU ARE APPLYING FROM OUTSIDE THE EUROPEAN UNION, YOU WILL NEED A VISA TO VOLUNTEER WITH US. Please email [communities](mailto:communities)placements@cyrnians.scot for further information before completing this application form. | | | | | | | | | | | | | | | |
| Education/Training | | | | | | | | | | | | | | | |
| Tell us about your qualification and education (training courses, qualifications gained, etc.)… | | | | | | | | | | | | | | | |
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| Tell us about work experience you have, either in the social care field or other temporary, part-time or permanent jobs… | | | | | | | | | | | | | | | |
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| Tell us about any volunteering you have done… | | | | | | | | | | | | | | | |
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| Tell us about your hobbies and interests… | | | | | | | | | | | | | | | |
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| What is your level of spoken English | | | | | | | | | | | | | | | |
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| 1. **WORKING WITH THE CYRENIANS** | | | | | | | | | | | | | | | |
| What has led you to deciding you would like to volunteer to work with people who have experienced homelessness? | | | | | | | | | | | | | | | |
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| What personal skills and attributes do you think you have to offer the Cyrenians’ Communities? | | | | | | | | | | | | | | | |
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| Volunteering with the Communities is a minimum 6 month commitment – what do you want to get out of this time with and where do you think it will take you once you have finished? | | | | | | | | | | | | | | | |
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| 1. **YOUR HEALTH** | | | | | | | | | | | | | | | |
| Please tell us about your health (physical, mental health or any disabilities you have) and how this might affect your ability to undertake the role as described. This can help us work out whether there practical ways we can facilitate your needs. | | | | | | | | | | | | | | | |
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| 1. **PRACTICAL INFORMATION** | | | | | | | | | | | | | | | |
| How long would you like to volunteer with us? | | | | | | | | | | | | | | | |
| 6 months  Longer | | | | | | | | | | | | | | | |
| When is the earliest you could start? | | | dd/mm/yy | | | | | | When is the latest you could finish? | | | | | dd/mm/yy | |
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| References | | | | | | | | | | | | | | | |
| Before you volunteer with us, we will take up references. Please provide us with two referees who should have known you for at least two years, and are **not** family members or a personal friend. Acceptable references are Employer, Volunteer manager, Tutor etc  (If you are struggling to find a referee who can complete the form in English, please let us know by emailing the address below and we will do what we can to help.) | | | | | | | | | | | | | | | |
| 1. Full Name |  | | | | | | Relationship  to you: | | | | |  | | | |
| Email |  | | | | | | Phone (including country code) | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | |
| 2. Full Name |  | | | | | | Relationship  to you: | | | | |  | | | |
| Email |  | | | | | | Phone (including country code) | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | |
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| 1. **DECLARATION** | | | | | | | | | | | | | | | |
| I declare that all the information given in this form application is true and I understand that false or misleading information will lead to my exclusion from the selection process or dismissal in the event of my appointment. | | | | | | | | | | | | | | | |
| **Signed** | | |  | | | | | | **Date** | |  | | | | |
| (If you are completing this form electronically, please just type your name)  Please email your completed form to: **communitiesplacements@cyrenians.scot** | | | | | | | | | | | | | | | |
| 1. **GDPR STATEMENT** | | | | | | | | | | | | | | | |
| The information provided by you on this form is necessary to assist with the process of recruitment. Additionally, the data provided may be processed by Cyrenians for the purposes of equality monitoring and compiling statistics. We keep completed application forms for 6 months if unsuccessful, after which all information and correspondence will be deleted. If you are successful in your application, information provided will transferred to your employee records.  All information will be stored confidentially and only used for the purposes stated above.  By signing the declaration below you consent to Cyrenians processing your data in the way described above.  Signed: Date: | | | | | | | | | | | | | | | |